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School District Claim for State Reimbursement for **School Bus Transportation**

| State | |
|----------|--|
| District | |
| County | |

| DUE |
|-------|
| DATES |

40

5

9

45.8

1.57

72

08/11/04

First Semester

Second Semester May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent S: February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0310 Kalispell Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Capacity Operated Social Security # Percentage # # Per Mile Inspection 50 5 14 45.8 1.80 84 08/11/04 5 50 15 21.2 1.57 71 08/04/04 50 5 18 71 08/04/04 16 1.57 5 50 20 53.6 1.57 72 08/11/04 5 72 50 22 26 1.57 08/13/04 100 5 24 22.8 1.57 72 08/11/04 5 35 28 48.2 1.80 84 08/27/04 100 5 29 20.7 1.57 77 08/11/04 100 5 30 47.2 1.36 65 08/04/04 5 71 100 31 17.8 1.57 08/27/04 100 5 32 20.7 1.57 71 08/11/04 5 51 100 33a 78 1.15 08/11/04 100 5 33b 63 51 08/11/04 1.15 100 5 56 0.95 36 18 08/11/04 100 5 37 70 0.95 21 08/11/04 100 5 40 88 0.95 11 08/11/04 5 7 25 71 63.6 1.57 08/11/04



School District Claim for State Reimbursement for **School Bus Transportation**

| State | |
|----------|--|
| District | |
| County | |

| DUE |
|-------|
| DATES |

First Semester February 1 to County Superintendent

Second Semester May 10 to County Superintendent

S: **February 15 to State Superintendent** May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 15 Flathead 0311 Flathead H S **High School** District Route

| Percentage | # | # | Per Day | Per Mile | Capacity | Inspection | Operated | Social Security # |
|------------|---|----|---------|----------|----------|------------|----------|-------------------|
| 100 | 5 | 1 | 72 | 1.57 | 71 | 08/11/04 | | |
| 100 | 5 | 10 | 74 | 1.15 | 51 | 08/11/04 | | |
| 100 | 5 | 11 | 24 | 1.57 | 71 | 08/11/04 | | |
| 100 | 5 | 12 | 24.8 | 1.57 | 71 | 08/11/04 | | |
| 100 | 5 | 13 | 41.9 | 1.57 | 71 | 08/11/04 | | |
| 50 | 5 | 14 | 45.8 | 1.80 | 84 | 08/11/04 | | |
| 50 | 5 | 15 | 21.2 | 1.57 | 71 | 08/04/04 | | |
| 50 | 5 | 16 | 18 | 1.57 | 71 | 08/04/04 | | |
| 100 | 5 | 17 | 31.2 | 1.57 | 72 | 08/30/04 | | |
| 100 | 5 | 18 | 50.5 | 1.57 | 72 | 08/11/04 | | |
| 100 | 5 | 2 | 70 | 1.57 | 74 | 08/11/04 | | |
| 50 | 5 | 20 | 53.6 | 1.57 | 72 | 08/11/04 | | |
| 50 | 5 | 22 | 26 | 1.57 | 72 | 08/13/04 | | |
| 100 | 5 | 23 | 22.2 | 1.57 | 71 | None | | |
| 100 | 5 | 27 | 53.6 | 1.57 | 72 | None | | |
| 65 | 5 | 28 | 48.2 | 1.80 | 84 | 08/27/04 | | _ |
| 100 | 5 | 3 | 64.9 | 1.57 | 72 | 08/24/04 | | |
| 100 | 5 | 4 | 85 | 1.57 | 72 | 08/11/04 | | |
| 100 | 5 | 5 | 144 | 1.57 | 72 | 08/11/04 | | |
| 100 | 5 | 6 | 108.1 | 1.57 | 72 | 08/22/04 | | _ |
| 75 | 5 | 7 | 63.6 | 1.57 | 71 | 08/11/04 | | |
| 100 | 5 | 8 | 105.9 | 1.57 | 71 | 08/07/04 | | |
| 60 | 5 | 9 | 45.8 | 1.57 | 72 | 08/11/04 | | |



School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

Second Semester First Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 15 Flathead 0312 Columbia Falls Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Capacity Operated Social Security # Percentage # Per Day Inspection 67 6 10 52.2 1.80 84 08/12/04 67 6 11 48 1.80 84 08/12/04 72 08/12/04 67 6 12 26 1.57 13 23.6 1.80 08/12/04 67 6 84 67 6 14 58 1.80 84 08/12/04 67 6 15 31.8 1.80 84 08/12/04 67 6 17 32.6 1.80 84 08/12/04 18 31.6 84 08/12/04 67 6 1.80 21 6 35.2 1.80 84 08/12/04 67 67 6 22 35.4 1.80 84 08/12/04 67 6 24 28.9 1.80 84 None 25 67 6 34.4 1.57 78 08/12/04 148 08/12/04 67 6 26 sp.Ed 1.36 64 28 1.80 84 08/12/04 67 6 61 29 52 1.80 08/12/04 67 6 84 67 6 3 33.6 1.57 72 08/12/04 30 52 84 67 6 1.80 08/12/04 4 31.6 1.80 84 08/12/04 67 6 48.9 1.80 84 08/12/04 67 6 6 7 84 08/12/04 67 6 31.4 1.80 67 6 8 19.4 1.57 78 08/12/04

84

08/12/04

TR-6 (1/05) Page 1

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67

6

30

1.80



6

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

| State | |
|----------|--|
| District | |
| County | |

Second Semester May 24 to State Superintendent

First Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 15 Flathead 0313 Columbia Falls H S **High School** District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 33 6 10 52.2 1.80 84 08/12/04 33 6 11 48 1.80 84 08/12/04 72 08/12/04 33 6 12 26 1.57 13 23.6 1.80 08/12/04 33 6 84 33 6 14 58 1.80 84 08/12/04 33 6 15 31.8 1.80 84 08/12/04 33 6 17 32.6 1.80 84 08/12/04 33 18 31.6 84 08/12/04 6 1.80 21 33 6 35.2 1.80 84 08/12/04 33 6 22 35.4 1.80 84 08/12/04 33 6 24 28.9 1.80 84 None 25 33 6 34.4 1.57 78 08/12/04 33 148 08/12/04 6 26 sp.Ed 1.36 64 33 28 1.80 84 08/12/04 6 61 33 29 52 08/12/04 6 1.80 84 33 6 3 33.6 1.57 72 08/12/04 33 30 52 84 6 1.80 08/12/04 33 4 31.6 1.80 84 08/12/04 6 33 48.9 84 08/12/04 6 6 1.80 33 7 84 6 31.4 1.80 08/12/04 33 6 8 19.4 1.57 78 08/12/04

84

08/12/04

TR-6 (1/05) Page 1

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1.80

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School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| | | Helena, MT 59620-2501 | | | | | School Bus | Transportation | County | |
|---------------|--|-----------------------|----------|------------------|------------------|-----------|--|------------------|---|--|
| DUE DATES: | First Semester February 1 to County Superintendent February 15 to State Superintendent | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | |
| COMPL | ETE TH | IS CLAIM FO | OR STA | TE REIMB | BURSEME | NT FOR SC | HOOL BUS TRA | ANSPORTATION | <u>V: </u> | |
| This clain | n is for the | period beginning | g | | | , 20 and | ending | | , 20 | |
| | | | 1 | month | day | | | month | day | |
| CERTIF | ICATIO: | N: | | | | | | | | |
| The infor | mation on | this form is comp | lete and | accurate to the | e best of my k | nowledge. | | | | |
| Date | | | Signatu | re, Chair, Board | d of Trustees | | | | | |
| | | | | | | | | | | |
| County: | | | District | : | | | | District I | .evel: | |
| | _ | | | | | | | | | |
| 15 Flath | ead | | 0316 | Creston 1 | Elem | | | Eleme | entary | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # | |
| 100 | 9 | 1 | | 56 | 1.57 | 72 | 08/18/04 | | | |

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School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| DUE |
|------------|
| DATES |

| | | | • | | | | | | |
|--------------------------------------|---------------|-------------------|--|------------------|----------|--|---------------------|-----------------------------------|--|
| DUE DATES: | | February 1 | First Semester to County Superi 5 to State Superin | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | |
| COMPLI | ETE TH | IS CLAIM FO | R STATE REIM | BURSEMEN | T FOR SC | HOOL BUS TRA | NSPORTATION: | | |
| This clain | n is for the | period beginning | month | day, | 20 and 6 | ending | nonth da | 20 | |
| CERTIF | ICATIO | N: | | | | | | | |
| The infor | mation on | this form is comp | lete and accurate to th | ne best of my kn | owledge. | | | | |
| Date | | | Signature, Chair, Boar | rd of Trustees | | | | | |
| County: | | | District: | | | | District Le | vel: | |
| 15 Flathead 0317 Cayuse Prairie Elem | | | | | m | | Elemen | ntary | |
| Percentage | District # | Route # | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # | |
| 100 | 10 | 1 | 31.2 | 1.36 | 65 | 08/26/04 | | | |
| 100 | 10 | 2 | 16.2 | 1.57 | 71 | 09/27/04 | | | |
| 100 | 10 | 2A | 22 | 1.57 | 71 | 09/27/04 | | | |
| 100 | 10 | 3 | 33.2 | 1.57 | 72 | 08/26/04 | | | |
| | | | | | | | | | |

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School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| DUE |
|------------|
| DATES |

| DUE DATES: | | First Semester February 1 to County Superintendent February 15 to State Superintendent TE THIS CLAIM FOR STATE REIMBURSEMENT FOR | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | |
|---------------|---------------|--|-----------|------------------|------------------|----------|------------|--|------------------|-----------------------------------|--|
| | | period beginning | | | | | | | | | |
| This cian | n is for the | periou beginning | | month | day | 20 a | and end | 0 | onth d | 20 ay | |
| CERTIF | ICATION | N: | | | | | | | | • | |
| The infor | mation on t | this form is comp | ete and | accurate to th | e best of my kn | owledge. | | | | | |
| Date | | | Signatur | re, Chair, Board | d of Trustees | | | | | | |
| | | | | | | | | | | | |
| County: | | | District: | | | | | | District Le | evel: | |
| 15 Flath | ead | | 0327 | Somers I | Elem | | Elementary | | | | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capac | city | Inspection | Days Operated | Bus Driver's Social Security # | |
| 100 | 29 | 10 | | 34 | 1.80 | 84 | | 08/06/04 | _ | | |
| 100 | 29 | 10 EXT | | 26 | 1.80 | 84 | | 08/06/04 | | | |
| 100 | 29 | 11 | | 40.4 | 1.80 | 84 | | 08/06/04 | | | |
| 100 | 29 | 11 EXT | | 26 | 1.80 | 84 | | 08/06/04 | | | |
| 100 | 29 | 12 | | 38 | 1.80 | 84 | , | 08/06/04 | | | |
| 100 | 29 | 12 Extension | on | 26 | 1.80 | 84 | , | 08/06/04 | | | |
| 100 | 29 | 13 Sp Ed | | 26 | 0.95 | 19 | | 08/06/04 | | | |
| 100 | 29 | 7 | | 21 | 1.80 | 84 | | 08/06/04 | | | |
| 100 | 29 | 7 EXT | | 26 | 1.80 | 84 | , | 08/06/04 | | | |
| 100 | 29 | 7 Kinder | | 28.5 | 0.00 | 19 | | 08/06/04 | | | |
| 100 | 29 | 8 | | 30.2 | 1.80 | 84 | | 08/06/04 | | | |
| 100 | 29 | Q | | 45.6 | 1.80 | 84 | | 08/06/04 | | | |

| PI | |
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School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| DUE |
|-------|
| DATES |

| DUE DATES: | | First Semester February 1 to County Superintendent February 15 to State Superintendent | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | |
|---------------|---------------|--|-------------------|------------------|------------------|----------|--|------------------|-----------------------------------|--|
| COMPL | ETE TH | IS CLAIM FO | OR STA | ATE REIMI | BURSEMEN | T FOR SC | HOOL BUS TRA | NSPORTATION: | | |
| This clain | n is for the | period beginning | g | | , | 20 and | ending | , | 20 | |
| | | | | month | day | | m | onth da | ay | |
| CERTIF | ICATIO | N: | | | | | | | | |
| The infor | mation on | this form is comp | lete and | accurate to th | e best of my kn | owledge. | | | | |
| Date | | | Signatu | re, Chair, Board | d of Trustees | | | | | |
| | | | | | | | | | | |
| County: | | | District | : | | | | District Le | vel: | |
| 15 Flath | ead | | 0330 Bigfork Elem | | | | Elementary | | | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # | |
| 50 | 38 | 10 | | 25 | 1.57 | 72 | 08/20/04 | | | |
| 50 | 38 | 11 | | 56 | 1.80 | 84 | 08/27/04 | | | |
| 50 | 38 | 12 | | 47.3 | 1.57 | 78 | 08/17/04 | | | |
| 50 | 38 | 13 | | 50 | 1.57 | 71 | 08/18/04 | | | |
| 50 | 38 | 14 | | 28.4 | 1.80 | 84 | 08/17/04 | | | |
| 50 | 38 | 15 | | 30 | 1.57 | 71 | 08/17/04 | | | |
| 50 | 38 | 16 | | 78 | 1.57 | 71 | 07/17/04 | | | |
| 50 | 38 | 17 | | 47 | 1.57 | 71 | 08/17/04 | | | |
| 50 | 38 | 18 | | 43 | 1.80 | 84 | 08/17/04 | | | |
| 50 | 38 | 19 | | 135 | 0.95 | 32 | 08/17/04 | | | |
| 50 | 38 | 19a | | 49 | 0.95 | 32 | 08/17/04 | | | |
| 50 | 38 | 20 | | 109 | 0.95 | 32 | 08/17/04 | | | |
| 50 | 38 | 5 | | 24 | 1.80 | 84 | 08/27/04 | | | |

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0331 Bigfork H S **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 50 38 10 25 1.57 72 08/20/04 50 38 11 56 1.80 84 08/27/04 50 12 47.3 78 08/17/04 38 1.57 50 13 50 1.57 71 38 08/18/04 50 38 14 28.4 1.80 84 08/17/04 50 38 15 30 1.57 71 08/17/04 71 50 38 16 78 1.57 07/17/04

71

84

32

32

32

84

08/17/04

08/17/04

08/17/04

08/17/04

08/17/04

08/27/04

TR-6 (1/05) Page 1

17

18

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19a

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43

135

49

109

24

1.57

1.80

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0.95

1.80

| 0 | PI | |
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School District Claim for State Reimbursement for **School Bus Transportation**

| State | |
|----------|--|
| District | |
| County | |

| DUE |
|-------|
| DATES |

65

44

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0334 Whitefish Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 65 44 1 80 1.57 72 08/12/04 65 44 10 35.4 1.57 71 08/26/04 44 11 39 71 08/12/04 65 1.57 65 44 12 30 1.57 71 08/12/04 100 44 13A 58 0.95 24 08/16/04 100 44 13B 66 0.95 24 08/16/04 100 44 13C 42 0.95 24 08/16/04 44 2 59 1.57 71 08/12/04 65 3 71 44 60 1.57 08/12/04 65 4 71 65 44 41 1.57 08/12/04 65 44 5 36 1.57 71 08/16/04 72 65 44 6 29.4 1.57 08/12/04 65 44 7 27 71 08/12/04 1.57 65 44 8 30 1.57 71 08/16/04

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31.2

1.57

72

08/12/04

| PI | |
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| | |

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0335 Whitefish H S **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 35 44 1 80 1.57 72 08/12/04 35 44 10 35.4 1.57 71 08/26/04 35 44 39 71 08/12/04 11 1.57 12 35 30 1.57 71 08/12/04 44 2 71 35 44 59 1.57 08/12/04 35 44 3 60 1.57 71 08/12/04 4 71 35 44 41 1.57 08/12/04 35 44 5 1.57 71 08/16/04 36 29.4 72 35 44 6 1.57 08/12/04 7 71 35 44 27 1.57 08/12/04 35 44 8 30 1.57 71 08/16/04

72

08/12/04

TR-6 (1/05) Page 1

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31.2

1.57

35

44

| 0 | PI |
|---|----|
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54

40

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

| State | |
|----------|--|
| District | |
| County | |

| DUE DATES: | First Semester February 1 to County Super February 15 to State Superi | | Second Semester May 10 to County Superintenden May 24 to State Superintendent | | |
|---------------|---|--------------|---|----------------------|--------|
| COMPLE | TTE THIS CLAIM FOR STATE REIN | MBURSEMENT F | OR SCHOOL | BUS TRANSPORT | ATION: |
| This claim | is for the period beginning | , 20 | and ending | | , 20 |
| | month | day | | month | day |

63.2

0.95

perintendent TION: _, 20_ day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Signature, Chair, Board of Trustees Date County: District: District Level: 15 Flathead Elementary 0341 Marion Elem Miles District Route Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Inspection Operated Social Security # 100 54 35 57 1.57 71 08/05/04

47

08/17/04

| PI |
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58

1b

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

64.7

1.57

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |
| County | |

| Helena, MT 59620-2501 | | | | | School Bus Transportation County | | | | | |
|--|--|-------------------|----------|------------------|----------------------------------|-----------|--|------------------|-----------------------------------|--|
| DUE DATES: | DUE February 1 to County Superintendent DATES: February 15 to State Superintendent | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | |
| COMPL | ETE TH | IS CLAIM FO | OR STA | TE REIME | BURSEMEN | T FOR SCH | OOL BUS TRAN | NSPORTATION | : | |
| This claim | This claim is for the period beginning | | | | | | | | | |
| CERTIF | ICATIO | N: | | | | | | | | |
| The info | rmation on | this form is comp | lete and | accurate to the | e best of my kn | owledge. | | | | |
| Date Signature, Chair, Board of Trustees | | | | | | | | | | |
| County: District: District Level: | | | | | | | evel: | | | |
| 15 Flath | ead | | 0342 | Olney-Bi | issell Elem | | | Eleme | ntary | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # | |
| 100 | 58 | 1 a | | 28.1 | 1 57 | 71 | 08/07/04 | | | |

71

08/07/04

| PI |
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| |

School District Claim for State Reimbursement for School Bus Transportation

| DUE DATES: | First Semester February 1 to County Superintendent February 15 to State Superintendent | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | | | |
|--|--|------------|------------------------|------------------|------------------|-----------------|--|------------|------------------|-----|----------------------------------|--|
| COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: | | | | | | | | | | | | |
| This claim is for the period beginning | | | | | | | | | | | | |
| | | | n | nonth | day | | | n | nonth d | lay | | |
| CERTIF | CERTIFICATION: | | | | | | | | | | | |
| The information on this form is complete and accurate to the best of my knowledge. | | | | | | | | | | | | |
| Date Signature, Chair, Board of Trustees | | | | | | | | | | | | |
| County: District: | | | | | | District Level: | | | | | | |
| 15 Flath | ead | | 1223 West Glacier Elem | | | | Elementary | | | | | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capacit | y] | Inspection | Days Operated | Se | Bus Driver's ocial Security # | |
| 100 | 8 | 16A | | 85.2 | 1.57 | 71 | (| 08/14/04 | | | | |
| 100 | 8 | 16B | | 78.8 | 1.57 | 71 | (| 08/14/04 | | | | |
| | | | | | | | | | | | | |